



**Town of East Hampton**  
 300 Pantigo Place, Suite 107  
 East Hampton, NY 11937  
 Phone: 631-324-0496 Fax: 631-324-1476



Application #: \_\_\_\_\_  
 Office Use Only

**Form 2: Septic Upgrade Incentive Application**

Date Submitted: \_\_\_\_\_

Contact Information:

Owner Name (titled owner of property): \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Site Location Information:

Site Address: \_\_\_\_\_

Suffolk County Tax Map#: District \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

(Example. 300-162-10-5.002)

Required Information:

Have you previously submitted your Eligibility Verification Form? ( Y / N ) \_\_\_\_\_

Have you received grant funding from Suffolk County and/or New York State? ( Y / N ) \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Type of Low-Nitrogen Treatment System Installed: \_\_\_\_\_

*Installation Completion Date:* \_\_\_\_\_

**Reason for Upgrade (circle):** Voluntary Failed System Substantial Expansion Rebuild

\_\_\_\_\_

- 1.
- 2.

\_\_\_\_\_

( Y / N ) \_\_\_\_\_

( Y / N ) \_\_\_\_\_

Rebate Verification:

Total Proof of \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE:** Under IRS guidelines, your septic L will be considered personal income and the Town will be issuing you a Form 1099. Please consult your accountant or financial advisor to discuss tax implications.



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**Owner Certification of Application (All legal owners on the Title must sign)**

I/We, \_\_\_\_\_ (print full name), the undersigned, certify that I/We am/are the legal, titled owner(s) of the land identified in this application and that this application form including any attached documentation constitutes a true statement of facts to the best of my/our knowledge. Signing this form authorizes the Town to perform initial inspection of the system.

Owners Signature: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date: \_\_\_\_\_

**Application Form Completed**